



**FAYETTE COUNTY, GEORGIA
DEPARTMENT OF HUMAN RESOURCES
140 STONEWALL AVE., SUITE 212
FAYETTEVILLE, GA 30214
(770) 460-5730 EXT. 5418
(770) 460-5730 EXT. 5409 - JOB HOTLINE**

2005 FIREFIGHTER/EMT APPLICANT INSTRUCTIONS

Applicants interested in participating in the Firefighter/EMT testing cycle on **March 11, 2005** must submit a completed employment application along with all required documentation by **5:00 p.m. Friday, February 25, 2005**. Applicants must be at least 18 years of age, possess a satisfactory driving history of 5 points or less and have not been convicted of a felony in the past 10 years (except as provided in O.C.G.A. 25-4-8) Required documentation includes a completed Employment Application, Criminal/Driver History Consent Form, Applicant and/or Physician Statement, and a General Release Form. Copies of your certifications may be submitted with your application. PLEASE FURNISH PHOTOCOPIES because the volume of applicants will not permit us to make the photocopies for you. A Notary will be available to verify your signature. A Study Guide will be issued to you upon receipt of your completed application packet and will be required to be returned on the date of the written test. An applicant will not be permitted to participate in any of the phases unless the entire applicant packet is received by the deadline.

| PHASE | PROCEDURE | INSTRUCTIONS |
|-------|------------------|--|
| 1. | Written | Report to designated testing site 15 minutes prior to the scheduled test time and provide a photo I.D. Return the study guide to the Department of Human Resources Representative. |
| 2. | Physical Agility | Applicants who successfully pass phase one will report to the designated testing site 15 minutes prior to the scheduled test time and provide a photo I.D. A description of the Physical Agility Test is included in the packet. Please read it carefully. The Physician's Statement may be used if you have concerns related to your physical condition and your ability to participate in the physical agility test. |
| 3. | Interview | I Applicants who have successfully passed phases one and two will be scheduled for a panel interview and should report to the designated site 15 minutes prior to the scheduled interview time. Applicants will be required to provide a copy of their birth certificate and high school diploma or GED when interviewed. |
| 4. | Interview II | Applicants who have successfully passed and completed phases one, two and three will be scheduled for an interview with the chief officers and should report to the designated site 15 minutes prior to the scheduled interview time. |

Applicants who have participated in and successfully passed all four phases will be considered for placement on the eligibility roster.

Please retain this letter for reference. If you relocate or change your telephone number, please update your information with the Department of Human Resources so that we may contact you in the event of a schedule change. If you have further questions or concerns, please direct them to the Department of Human Resources at the (770)460-5730 ext. 5418.



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2005 FIREFIGHTER/EMT ROSTER PLACEMENT TEST NOTIFICATION

APPLICATION DEADLINE: 5:00 p.m. February 25, 2005

WRITTEN TEST: 9:00 a.m. March 11, 2005
Fayette County Administrative Complex
140 Stonewall Avenue, Suite 210
Fayetteville, GA 30214

PHYSICAL AGILITY TEST: 9:00 a.m. March 18, 2005
Department of Fire/Emergency Services - Training Facility
McDonough Road
Fayetteville, GA 30214

INTERVIEW: TBA

SALARIES: July 1, 2004

| Positions | Pay Grade | Salary Annual | Benefits | Full Time | Schedule | Expiration Date |
|-------------------------|--------------|------------------|----------|-----------|----------|--------------------|
| Firefighter/EMT Trainee | F4 | \$26,291.75 | Yes | Yes | 24/48 | 02/25/05 |
| Firefighter/EMT | F8 | \$31,957.79 | Yes | Yes | Hour | 02/25/05 |
| Firefighter/Paramedic | F11 | \$36,995.14 | Yes | Yes | Shifts | 02/25/05 |

Fayette County Application For Employment

2004

FAYETTE COUNTY BOARD OF COMMISSIONERS
140 Stonewall Avenue West
Human Resources Department, Suite 212
Fayetteville, GA 30214
770-460-5730 Ext. 5409
770-719-5553 FAX
Web Site - fayettecountyga.gov

(PRINT ALL INFORMATION)

| | | | | | | |
|---------------------------|--|------------|------|-------|----------------------|--|
| Job(s) Title Applied For: | | | | | Date of Application: | |
| | | | | | | |
| Last Name | | First Name | | | Middle Name | |
| | | | | | | |
| Address: Number | | Street | City | State | Zip Code | |
| | | | | | | |
| Telephone Number(s) | | Home | Cell | Work | | |

Resume attached?

Yes ☐
No ☐

Have you ever been employed with us before?

If Yes, give date: _____

Yes ☐
No ☐

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes ☐
No ☐

Have you been convicted of a felony within the last 7 years?

(Conviction will not necessarily disqualify an applicant from employment.)

Yes ☐
No ☐

If Yes, please explain: _____

Education

| | Name & Address of School | Course(s) of Study | Years Completed & Diploma Degree | |
|-----------------------|--------------------------|--------------------|----------------------------------|--|
| Elementary School | | | | |
| High School | | | | |
| Undergraduate College | | | | |
| Graduate/Professional | | | | |
| Other (Specify) | | | | |

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience

List your present or last job(s). Include any military service assignments. Please include complete addresses, phone numbers, and dates employed.

| | | | | |
|---------------------|------------|---|--|---------------------------|
| 1 Employer | | Dates Employed <u>From</u> <u>To</u> | | Duties & Responsibilities |
| Address | | | | |
| Telephone Number(s) | | | | |
| Position | Supervisor | | | |
| Reason for Leaving | | | | |
| 2 Employer | | Dates Employed <u>From</u> <u>To</u> | | Duties & Responsibilities |
| Address | | | | |
| Telephone Number(s) | | | | |
| Position | Supervisor | | | |
| Reason for Leaving | | | | |
| 3 Employer | | Dates Employed <u>From</u> <u>To</u> | | Duties & Responsibilities |
| Address | | | | |
| Telephone Number(s) | | | | |
| Position | Supervisor | | | |
| Reason for Leaving | | | | |
| 4 Employer | | Dates Employed <u>From</u> <u>To</u> | | Duties & Responsibilities |
| Address | | | | |
| Telephone Number(s) | | | | |
| Position | Supervisor | | | |
| Reason for Leaving | | | | |
| 5 Employer | | Dates Employed <u>From</u> <u>To</u> | | Duties & Responsibilities |
| Address | | | | |
| Telephone Number(s) | | | | |
| Position | Supervisor | | | |
| Reason for Leaving | | | | |

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| Describe any specialized training, skills or certifications. |
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| Describe any job-related training received in the US military. |
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| Describe any special job related skills & qualifications obtained from employment experience. |
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|-------------------|----------|---------------|
| References | | |
| Name: | Address: | Phone Number: |
| | | |
| Name: | Address: | Phone Number: |
| | | |
| Name: | Address: | Phone Number: |
| | | |

Note to Applicants: Do not answer this question unless you have been informed or have read the job description about the requirements of the job for which you are applying.

| | | |
|--|-----|--------------------------|
| Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. I further understand I will not receive any further communication regarding this application unless I am selected for an interview.

Signature of Applicant and Acknowledgement of Receipt of Study Guide, Instructions, and Test Dates:

Date:

Applicants are considered for all positions applied for without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

For Human Resources Department Use Only

Interview: Yes ☐ No ☐

Interview Date:

Interviewer(s):

Comments:

Test Scores (if applicable):

Employed: Yes ☐ No ☐

Date of Employment:

Job Title and Code:

Department:

Hourly Rate/Salary:

By:

Date:

DEPARTMENT OF FIRE & EMERGENCY SERVICES
PHYSICAL AGILITY TEST

The Physical Agility Test consists of eight separate events. The test is a sequence of events requiring you to progress along a pre-determined path from event to event in a continuous manner. The events are placed in a sequence that best simulates fire scene events while allowing a walk between events. To ensure the highest level of safety and to prevent exhaustion, running will not be allowed between events. The walk allows the applicant to recover and regroup before each event.

Throughout all events you must wear a hard hat with chin strap, work gloves, and footwear with no open heel or toe. Watches and loose or restrictive jewelry are not permitted. All gear and equipment will be furnished by Fayette County Department of Fire and Emergency Services. Applicants will be required to wear a 50 lb. weighted vest on their shoulders during the evolutions to simulate the weight of the SCBA and PPE normally worn in field operations.

Applicants must complete all eight (8) evolutions within a seven (7) minute time limit.

TEST ACTIVITIES INCLUDE THE FOLLOWING EVOLUTIONS:

Evolution # 1

NPQ F/F 1 Objective 15-5.34 Skill 8-13 Stair Climb

Applicants must wear a 50 lb. weight vest on their shoulders to simulate the weight of the SCBA and PPE and carry (1) one section of 1½" diameter hose. Applicants will be required to walk up three flights of stairs (10' per flight) to the third floor. At no time shall running or skipping of steps be permitted. Once the applicants reach the third floor landing they will return to the starting point and move to Evolution #2.

Evolution # 2

NPQ F/F 1 Objective 1-5.61 Skill 5-3 Beam Slide

Applicants shall move from Evolution #1 to the beam slide where they will be required to move a 165 lb. beam along a slide by striking it repeatedly with a rubber sledge hammer until the beam has been moved a minimum of five feet. This simulation evaluates the candidate's ability to use hand tools as would be used in fire ground operations. The applicant shall then move to Evolution #3.

Evolution # 3

NPQ F/F 1 Objective 1-5.22 Skill 7-3 Ladder Raise & Extension

Applicants must extend the fly section to the top rung of a 24' aluminum extension ladder. The applicant must then lower the fly section hand-over-hand in a controlled fashion to the starting position. This procedure shall then be repeated for a total of (2) two cycles of raising and lowering the fly section. This simulation evaluates the candidate's ability to utilize a ladder during fire ground operations. The applicant shall then move to Evolution #4.

Evolution # 4

NPQ F/F 1 Objective 2-5.8 Skill 12-1 Ceiling Breach & Pull

Applicants must stand within the boundary established by the equipment frame and fully pull the 25 lb. ceiling device down twenty-five times. The applicant is permitted to stop and, if needed, adjust their grip. This simulation evaluates the candidate's ability to utilize a pike pole during fire ground operations. The applicant shall then move to Evolution #5.

Evolution #5

NPQ F/F 1 Objective 1-5.20 Skill 1-1 Maze

Applicants must crawl through a tunnel maze that is approximately 3' in height and 20' in length. This is to determine if the applicant is claustrophobic. If for any reason the applicant chooses to end the event, they may call out or rap sharply on the wall or ceiling and you will be assisted out of the maze. This simulation evaluates the candidate's ability to function in a closed and dark space as would occur in firefighting operations. The applicant shall then move to Evolution #6.

Evolution #6

Ambulance

Applicants must lift a 75 pound weight bar from a height of 2'6" to a position of 3'6" inches and then return the weighted bar to the initial location. This simulation evaluates the candidate's ability to lift and move a stretcher which is commonly used in EMS operations. The applicant shall then move to Evolution #7.

Evolution #7

NPQ F/F 1 Objective 1-5.39 Skill 10-1 Hose Advance

Applicants shall walk and pick-up the nozzle of a pressurized 1½" or 1¾" hose line. The individual will singularly advance the hose line a distance of 75', open the nozzle and flow water, close the nozzle and lay the hose on the ground. This simulation evaluates the candidate's ability to utilize a fire hose and nozzle which would occur during fire ground operations. The applicant shall then move to Evolution #8.

Evolution # 8

NPQ F/F1 Objective 1-5.26 Skill 14-4 Rescue Drag

The applicant shall drag a 175 lb. dummy a distance of 50'. This simulation evaluates the candidate's ability to perform an emergency removal of a team member or victim who may be rendered incapacitated. Crossing the 50' mark shall constitute completion of the Physical Agility Test.

NOTE: There is nothing that prevents an applicant from resting between the various evolutions.



FAYETTE COUNTY MARSHAL'S OFFICE CRIMINAL/DRIVER HISTORY CONSENT FORM

Date: _____

Department: _____

Reason: Fire/Emergency Services Reserve/Public Safety

10-29C Case #: _____

Approved _____ Dis-Approved _____ Dept. Discretion _____

I hereby authorize the Fayette County Marshal's Office to receive any Criminal History record information pertaining to me, which may be in the files of any state or local Criminal justice Agency in Georgia, or any other state.

| | | | | | | | | | |
|--------------------------|--|------|--|-----|--|-------------------|--|-------|--|
| NAME: | | | | | | DOB: | | | |
| ADDRESS: | | | | | | | | | |
| SS# | | RACE | | SEX | | Drivers License # | | STATE | |
| Signature: | | | | | | | | | |
| Notary Public Signature: | | | | | | Date: | | | |

CRIMINAL HISTORY

DRIVER HISTORY

NO IDENTIFIABLE RECORD IN THE NCIC INTERSTATE IDENTIFICATION INDEX (III) FOR:

| | | | | | | | | | |
|------|--|-----|--|------|--|-----|--|-----|--|
| NAME | | SEX | | RACE | | DOB | | SS# | |
|------|--|-----|--|------|--|-----|--|-----|--|

NOTICE: This does not preclude the possible existence of matching records in the local, state, or FBI Identification Division files that are not indexed in the NCIC III. If you desire a search of the FBI Identification Division a fingerprint card should be submitted.

| | | | |
|-------------------|--|-------------------|--|
| Reporting Deputy: | | Approving Deputy: | |
|-------------------|--|-------------------|--|

PHYSICAL PERFORMANCE EVALUATION

APPLICANT STATEMENT

I, _____, being at least (18) eighteen years of age and having been advised as to the nature of the Physical Performance Evaluation conducted by the Fayette County Department of Fire & Emergency Services on the grounds of the Training Facility, hereto attached and incorporated by reference herein, do hereby declare that my health and ability are such that I am capable of participating in the Physical Performance Evaluation without injury to myself or others.

I further understand that if I do have concerns related to my physical condition and my ability to participate in the Physical Performance Evaluation, I should seek examination and/or advice from a licensed, practicing medical physician at my own expense prior to participating in the Physical Performance Evaluation.

Therefore, I hereby release and agree to hold harmless the County of Fayette, its officers, employees, agents, etc., from any loss, cost, damage or expense arising out of any accident or other occurrence causing injury to myself or any other person due directly or indirectly to my participation in the Physical Performance Evaluation and waive all claims against the County, its officers, employees, agents, etc., which may arise from such injury or occurrence.

SIGNATURE OF APPLICANT

DATE

WITNESS

NOTARY

PHYSICAL PERFORMANCE EVALUATION

PHYSICIANS STATEMENT

I, _____, have examined
a participant to take the Physical Performance Evaluation of the Fayette County Department of Fire &
Emergency Services. In my opinion, the above applicant may participate in a physical agility test or
physical performance evaluation (attached and incorporated by reference herein) without injury or
danger to his/her health. The intent of this document is not to certify satisfactory completion of all parts
of the physical performance evaluation, but merely to state that this person is medically capable of
performing these tests.

Once the patient under your care is cleared to perform the Physical Performance Evaluation, he/she will
be subject to perform the job task evolutions as described in the attached pages.

EXAMINING PHYSICIAN'S SIGNATURE

DATE

COMMENTS:

Authorization for Release of Personal Records and Information/Consent Form

I hereby authorize Fayette County Fire & Emergency Services to obtain and/or receive any criminal history record and or driving history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia, any other State, or any other Country.

I also authorize any police officer or other authorized representative of the Fayette County Department of Fire & Emergency Services bearing this release, or copy thereof, within one year of its date, to obtain information and/or records concerning myself, whether the said information and/or records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the following records and requests that the custodian of such records/information permit my records to be examined, copied or otherwise reviewed:

1. Information and/or records from any educational institution that I have attended including, but not limited to, academic achievement, attendance, athletic, personal history, and disciplinary actions.
2. Information and/or records from my past or present financial records contained in any financial or credit institutions including, but not limited to, records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed.
3. Information and/or records pertaining to my employment, past and/or present, including but not limited to, current and past employment records, polygraph reports and charts, background reports, efficiency ratings, complaints or grievances filed by or against me, disciplinary records, and personal history. I also authorize release of any information concerning pre-employment records for which I am currently or have been an applicant or candidate; these records/information to include but not limited to, polygraph reports and charts, background reports, and any other information included in my pre-employment file.

A photocopy of this release form will be valid as an original thereof even though said photocopy does not contain an original writing of my signature.

This release is executed with full understanding and knowledge that the information is for the official use of the Fayette County Department of Fire & Emergency Services. Consent is granted for the Department of Fire & Emergency Services to furnish such information as is described above to third parties in the course of fulfilling its official responsibilities.

I hereby waive and release any claims against any party which I may have as the result of the release of any records or information referenced in this Authorization and acknowledge that no party shall have any liability to me as a result of complying with request for such information and/or records.

PRINT FULL NAME: _____

(INCLUDE MAIDEN NAME OR OTHER PREVIOUSLY USED NAME)

SIGN FULL NAME: _____

DOB: _____ RACE: _____ SEX: _____ DRIVERS LICENSE NO: _____

CURRENT ADDRESS: _____

TELEPHONE NUMBER: H _____ W _____ DATE: _____